Video Therapy is different than in-person client work and therefore requires unique recommendations and guidelines. The Centre for Refugee Resilience (CRR) has completed a review of both Alberta College of Social Workers and College of Alberta Psychologists information to support in the development of CRR Video Therapy Guidelines in order to provide the most effective service as possible.

Consent

There is an additional consent form for Video Therapy, please review this prior to meeting with clients and review it verbally with the client (if a new client, this would be in addition to Therapist Consents and ROIs). If the client is not interested in video therapy or does not have adequate technology (smart phone, computer, internet access), talk with them about on-going phone check ins and other potential services they might feel more comfortable with.

Please ask if the client has access to a printer and a scanner to determine the possibility of them signing and returning the consent form.

If they do not have access to those things, please review consents with them and make note on each of the forms detailing:

- Who was present for the conversation (including interpreter)
- Why the client is unable to sign the hard copy consents
- If the client asked any questions regarding the consent and which ones
- That the client verbally consented or did not consent to video therapy
- Why video-therapy was deemed an appropriate method to engage with the client
- If video-therapy is not appropriate for a client, please make note of this on a ‘session note form’ with the reason why.

Interpreter

Prior to working with an interpreter, volunteer or staff, for a video session, please conduct a test video call to ensure that equipment is working for both of you.

At the time of the session, please call the Interpreter and have them connected before calling the client.

Please continue to complete an “Interpreter Debrief” at the end of the session, including reviewing how the video-call experience was for the Interpreter.

Considerations for Video Therapy

Video Therapy is not appropriate for all clients. While circumstance do not have to be ideal, it is important that we are thoughtful when considering engaging with clients on this platform.

Please use your clinical judgement and the guidance of the CRR team about whether Video Therapy is appropriate. As counselling progresses, you may identify that the client’s needs would better be served in a different manner and / or that Video-Therapy is no longer a fit, please discuss this with the CRR Clinical Supervisor or Team Lead.
Most client concerns are appropriate for Video Therapy, however there are a few concerns that may make video-therapy inappropriate:

- Mental health issues that involve serious distortions of reality and are un-medicated
- A live-in relationship with ongoing violence
- Experiencing strong suicidal ideation

If the client is experiencing any of the above, please consult with the CRR Clinical Supervisor or Team Lead regarding how that clients’ needs might better be met. Video Therapy may still be an option, but it is important to identify the risks and maximize safety.

- Therapists are encouraged to use Video Therapy for stabilization and coping, utilizing Brief Therapy or other modalities that focus on present and future client concerns.

Preparing with the Client for the first session:

Clients must have access to a safe and private place to conduct therapy within their homes.

Prior to the first video call, review the following with the client:

- Access to a phone, computer and internet
- Clients should have a quiet place to hold the session. Where no one will be coming in and out of the room and no one can hear them. If they don’t or are worried about confidentiality, please brainstorm with them to find an appropriate solution.
  - You can suggest a pair of headphones with a microphone attached
  - Ask them to test sound and computer/headphone microphone ahead of time
- Interruptions/Distractions: Ask that clients do not text, type or complete other tasks during sessions

Therapist preparing for the first session:

- Therapists should ensure that their practice insurance covers them for tele-psychology / video-therapy
- Therapists must have access to a safe and private place to conduct therapy within their homes or offices
- Allow yourself enough time in between sessions to take a break and connect the Interpreter to the call before calling the client
- Position camera to make natural eye contact
- Please use a computer for all video calls (preferably a work computer)
- Try and use the same device each time
- Try and use the same space / room each time
- Pay attention to tone of voice and body language as it becomes slightly less significant when on video
- Turn off selfie-screen so you can maintain focus on the client
- Consider what you will do should someone enter the room and / or you become worried about the client’s safety
Ensure that all client meetings are kept on your Outlook Calendar so other staff can be aware of when you are in meetings. It is important to confirm that the Clinical Supervisor or Team Lead are available to you during the designated session time, to ensure you are supported if needed. Alternate arrangements can be made if notice is provided.

Starting the First Session:

- When starting the session check in with the client as to whether or not they are in a safe location and who else might be present in their space (children, roommates, etc.)
- Review the Video Therapy Consent Form in your first meeting with the client
- Please ask the client for their most current emergency contact and update the most recent contact on the Resilience Database under the ‘notes’ on ‘Client Demographics’ tab
  - Ask:
    - Where are you? Is there anyone else in the room? Can anyone hear our conversation?